

Application Data Sheet

Application Information

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| Application Type:: | Regular |
| Subject Matter:: | Utility |
| Suggested Group Art Unit:: | N/A |
| CD-ROM or CD-R?:: | None |
| Sequence submission?:: | None |
| Computer Readable Form (CRF)?:: | No |
| Title:: | METHOD AND APPARATUS FOR REPAIR OF REFLECTIVE PHOTOMASKS |

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|----------------------------------|-----------------|
| Attorney Docket Number:: | 20140-00303-US1 |
| Request for Early Publication?:: | No |
| Request for Non-Publication?:: | No |
| Total Drawing Sheets:: | 9 |
| Small Entity?:: | No |
| Petition included?:: | No |
| Secrecy Order in Parent Appl.?:: | No |

Applicant Information

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|----------------------------------|----------------------|
| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | US |
| Status:: | Full Capacity |
| Given Name:: | Richard |
| Middle Name:: | A. |
| Family Name:: | Haight |
| City of Residence:: | Mahopac |
| State or Province of Residence:: | NY |
| Country of Residence:: | US |
| Street of mailing address:: | 3 Stonewall Farm Rd. |
| City of mailing address:: | Mahopac |

State or Province of mailing address:: NY
Postal or Zip Code of mailing address:: 10541

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Peter
Middle Name:: P.
Family Name:: Longo
City of Residence:: Hopewell Junction
State or Province of Residence:: NY
Country of Residence:: US
Street of mailing address:: 43 Frances Drive
City of mailing address:: Hopewell Junction
State or Province of mailing address:: NY
Postal or Zip Code of mailing address:: 12533

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Alfred
Family Name:: Wagner
City of Residence:: Brewster
State or Province of Residence:: NY
Country of Residence:: US
Street of mailing address:: 147 Overlook Drive
City of mailing address:: Brewster
State or Province of mailing address:: NY
Postal or Zip Code of mailing address:: 10509

Correspondence Information

Correspondence Customer Number:: 30678

Representative Information

Representative Customer Number:: 30678

Assignee Information

Assignee name:: International Business Machines (Armonk,
NY)

Street of mailing address:: Old Orchard Road

City of mailing address:: Armonk

State or Province of mailing address:: NY

Postal or Zip Code of mailing address:: 10504